



STATE OF WASHINGTON  
DEPARTMENT OF COMMUNITY,  
TRADE AND ECONOMIC DEVELOPMENT

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# Residential Substance Abuse Treatment in Correctional Facilities Program Application and Instructions

April 2004

**Juli Wilkerson**  
Director



Residential Substance Abuse Treatment in Correctional Facilities Program  
Application and Instructions

*FFY 2004*

April 2004

Washington State Department of  
Community, Trade and Economic Development  
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## **ACKNOWLEDGEMENTS**

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Points of view or opinions contained within this document do not necessarily represent the official policies of the U.S. Department of Justice. BJA awarded the Grant #2003-RT-BX-0049. Resources available through this formula grant program may be used to implement programs that include drug testing and treatment. The Department of Community, Trade and Economic Development (CTED) administers these programs from the Bureau of Justice Assistance as CDFA 16.573.

**FFY 2003**  
**RESIDENTIAL SUBSTANCE ABUSE TREATMENT**  
**FOR STATE AND LOCAL PRISONERS**  
**GRANT APPLICATION**

**PLEASE CAREFULLY READ THE FOLLOWING**  
**REQUIREMENTS**

**FUNDS THROUGH THIS GRANT PROGRAM ARE DESIGNATED FOR SUBSTANCE ABUSE TREATMENT OF OFFENDERS. THESE PROGRAMS MUST:**

- Be in existence for a period of 6 to 12 months. Each offender must participate in the program for no less than six months (three months for jail-based programs) and no more than 12 months, unless he or she drops out or is terminated.
- Be provided in residential facilities set apart from the general correctional population. Set apart means a totally separate facility, or dedicated housing unit within a facility, that is designated exclusively for use by program participants.
- Focus on the specific substance abuse problems of the offender.
- Develop the offender's cognitive, behavioral, social, vocational, and other skills to solve the substance abuse and related problems.
- Implement or continue to require urinalysis and/or other proven reliable forms of drug and alcohol testing.
- Admit offenders assessing positive to treatment in the therapeutic community using the standardized offender assessments.
- Ensure that aftercare treatment services are provided to offenders who are transitioned into the community from an RSAT-funded project.

*Up to 10% of grant funds and match appropriated to the grant may be used for the provision of non-residential aftercare. However, a specific plan for use of these funds must be included with the grant application and budget.*

**CASH MATCH OF AT LEAST 25 PERCENT IS REQUIRED.**

**GRANT FUNDS AWARDED FOR STATE USE  
\$812,940**

**FUNDING PERIOD  
July 1, 2004 – June 30, 2005  
(State Fiscal Year 2005)**

**APPLICATIONS MUST BE POSTMARKED BY:  
MAY 28, 2004**

**OR RECEIVED AT CTED NO LATER THAN:  
5:00 P.M. ON MAY 28, 2004**

**SUBMIT TWO COPIES (ONE ORIGINAL WITH SIGNATURES)  
TO:**

WA State Department of Community, Trade and Economic Development  
ATTN: Suzanne Walker  
LGD/SDFC  
PO Box 42525  
906 Columbia Street SW  
Olympia, WA 98504-2525

**PLEASE NOTE**

**ANY OMISSION OF REQUIRED INFORMATION MAY RESULT IN THE  
APPLICATION BEING REJECTED, AND THEREFORE, NOT CONSIDERED FOR  
FUNDING BY THE SELECTION COMMITTEE. PLEASE BE SURE THAT YOUR  
APPLICATION IS COMPLETE!**

**APPLICATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED  
FOR FUNDING.**

These grant funds are made available through the:

**U.S. Department of Justice  
Office of Justice Programs  
Bureau of Justice Assistance**

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# FFY 2003 Residential Substance Abuse Treatment Program

## SECTION 1A

### APPLICANT INFORMATION

(Instructions on Page 3)

(This page should be completed & submitted as the first page of your proposal)

STATE USE ONLY		
Award \$:	Grant #:	App. #:

1. PROJECT TITLE: \_\_\_\_\_

2. APPLICANT AGENCY: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

DUNS Number:

--	--	--	--	--	--	--	--	--

UBI Number:

--	--	--	--	--	--	--	--	--

Tax ID Number:

--	--	--	--	--	--	--	--	--

SWV Number:

--	--	--	--	--	--	--	--	--

Level of government of the applicant agency (circle one): state city/town county Indian Tribe

3. PROJECT DURATION: From: \_\_\_\_\_ To: \_\_\_\_\_  
m/d/y m/d/y

4. AMOUNT OF RSAT FUNDS REQUESTED: \$ \_\_\_\_\_ (\_\_\_\_\_% of Total Cost)

CASH MATCH: \$ \_\_\_\_\_ (This must be at least 25% of total cost)

Source of matching funds (circle): State Local Other source(s) (explain)

TOTAL COST: \$ \_\_\_\_\_

5. IMPLEMENTING AGENCY: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

6. PROJECT DIRECTOR (include Title): \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

7. SERVICE AREA: U.S. Congressional Districts (Identify by CD ID#), Legislative District (Identify by LD ID#), or counties (provide the **primary** county(ies) to be served):

CD's: \_\_\_\_\_

LD's: \_\_\_\_\_

Counties: \_\_\_\_\_

Age of Target Population (check all that apply): \_\_\_\_\_  
All 18-24 Over 25

## FFY 2003 Residential Substance Abuse Treatment Program

### 8. PROJECT SUMMARY: Answer the following on plain white paper:

Provide a brief project description, not to exceed two pages, which is an edited version or synopsis of your Project Plan (Items 1-10). It is recommended that you complete Sections 1-10 before completing Project Summary, Section 8. **This summary must include the following:**

- a. Problem Statement: An overview of the problem that this project will address. Include a description of the "need" in terms of the extent and severity of crime and violence as reflected in crime statistics and other data.
- b. A topical listing with a brief description of each Goal and Measurable Objective.
- c. Project Description and Critical Elements: Summarize. This section must explicitly state what activity(ies) is intended to be conducted under the project, and what is necessary to implement the project. It must be stated in a manner that is clear and concise, so that the reader will immediately have a mental picture of the project's activities.
- d. Evaluation Plan: Summarize what outcomes will be sought. What will be planned for and how will it be accomplished.
- e. Projects are required to complete this table. Provide a brief description of the cultural diversity as an integral part of this project (i.e. training that will be received). Identify the cultural diversity training that will be provided during the year, including who will receive it, when it will occur, and the duration of the training. Complete a table on the ethnic and gender composition, project staff, and clients. Include both numbers and column percentages, using the following table as a guide. Submit your own page with your application.

Ethnicity/Gender	Clients Served (Projected or Actual)	Project Staff	Other
Male			
Female			
White			
Hispanic			
Black			
Native American			
Asian			
Other			
Total			
Training Topics: (List)			

TABLE 8E: ETHNICITY AND GENDER COMPOSITION SAMPLE TABLE

- f. A concise explanation of anticipated results.

## FFY 2003 Residential Substance Abuse Treatment Program

### DEFINITIONS:

**AUTHORIZED OFFICIAL:** This is the individual authorized to enter into binding commitments on behalf of the applicant agency (Item #2). For local units of government, this will normally be a city manager, mayor, district attorney, and/or county commissioner. At the state level, this individual will be a department or division head. This **must** be an individual other than the project director or financial officer. (See Signature Authorization Form in Part 2 of this application.)

**PROJECT DIRECTOR:** The project director is the individual who will be in direct charge of the project and should be within the organizational structure of the applicant agency. This should be a person who combines knowledge and experience in the project area with ability in administration and supervision of personnel, and will be expected to devote a major portion of his/her time to the project. This person will be required to sign all quarterly reports, Requests for Reimbursements, and other grant forms. This must be an individual other than the authorized official or financial officer.

**FINANCIAL OFFICER:** The financial officer is the person who will be responsible for fiscal matters relating to the project and in ultimate charge of accounting, management of funds, verification of expenditures, and grant financial reports. This **must** be an individual other than the project director or authorized official.

### INSTRUCTIONS

#### Instructions for Form A-1 (Applicant Information):

1. **PROJECT TITLE:** Enter a brief descriptive title of the project.
2. **APPLICANT AGENCY:** This is normally the implementing agency for the project. It cannot be a subcontracting agency. Federal Employer ID Number: this is a nine-digit number used by the Office of Financial Management (OFM); this is not the agency's federal tax-exempt number.
3. **PROJECT DURATION DATES:** Show the anticipated project duration using the month/day/year method. All applications should indicate a July 1, 2004 to June 30, 2005 project duration.
4. **AMOUNT OF RSAT FUNDS REQUESTED:** Indicate the total amount of RSAT funds requested and the percentage of Total Project Cost (See Item 12F).
5. **IMPLEMENTING AGENCY:** This is the agency that is responsible for the actual implementation of the project, and may be the same as the applicant agency or a component of it. For example, the applicant agency is the county, but the sheriff's office is the implementing agency. If same as the Applicant Agency in #2, indicate S/A.
6. **PROJECT DIRECTOR:** See "Definitions" above.
7. **SERVICE AREA:** Indicate the areas to be served by this project. Also check the appropriate age of the target population. List each congressional district, legislative district, and county.
8. **PROJECT SUMMARY:** The Project Summary, as well as the detailed project budget and narrative, will be the only sections reviewed by the Selection Committee. Be certain that you have adequately described the project on the allotted pages.

**FFY 2003 Residential Substance Abuse Treatment Program**

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# FFY 2003 Residential Substance Abuse Treatment Program

## SECTION 1B

### PROJECT OVERVIEW

(The target population and program requirements for RSAT funding are described on Pages 2 and 3)

**1. Program Facility** (*Check all that apply*)

☐ Prison      ☐ Community Corrections Program  
☐ Jail      ☐ Halfway House      ☐ Other (Specify)

**2. Check all groups this project will target.**

Target Population	Number of Treatment Beds Project Represents
Adult Males	
Adult Females	

**3. Services/Interventions Available** (*Check all that apply*)

<input type="checkbox"/> Therapeutic Community	<input type="checkbox"/> 12 Step Program	<input type="checkbox"/> Individual Counseling
<input type="checkbox"/> Group Counseling	<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Pharmacotherapy
<input type="checkbox"/> Other Drug Treatment	<input type="checkbox"/> Drug Testing	<input type="checkbox"/> Mental Health Counseling
<input type="checkbox"/> Educational Programs	<input type="checkbox"/> Victim Restitution	<input type="checkbox"/> Community Service
<input type="checkbox"/> Victim Awareness	<input type="checkbox"/> Mediation	<input type="checkbox"/> Financial Management
<input type="checkbox"/> Family Counseling	<input type="checkbox"/> Work Activities	<input type="checkbox"/> Sex Offender Treatment
<input type="checkbox"/> Impulse/Anger Control	<input type="checkbox"/> Job Placement	<input type="checkbox"/> Structured Leisure Time
<input type="checkbox"/> Leadership Training	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Parenting Training
<input type="checkbox"/> Cognitive Restructuring	<input type="checkbox"/> Restorative/Community Justice	
<input type="checkbox"/> Aftercare Services	<input type="checkbox"/> Domestic Violence Reduction	
<input type="checkbox"/> Job Skills Development	<input type="checkbox"/> Other (Specify)	

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# FFY 2003 Residential Substance Abuse Treatment Program

## SECTION 2A

### PROGRAM DESCRIPTION (Answer Items 1 – 10 on plain white paper)

*All projects must demonstrate a capability to implement or enhance residential substance abuse treatment programs that provide individual and group treatment for offenders in residential facilities operated by state and local correctional agencies.* Applications must provide enough detail within these sections for a reader with no previous experience with this project to fully understand what the project is, what it will be doing, and how it will impact the described problem.

**CRITICAL ELEMENTS:** A "critical element" is a principle or activity essential to the success of the project, and without which the project is less likely to succeed. Projects must adhere to program requirements as described in the introduction.

Critical elements:

- a. Length of program must be 6 to 12 months.
- b. Offenders shall have a standardized assessment rating conducive to residential treatment.
- c. Offenders shall have 6 to 12 months left in their term of confinement so they can be released upon completion of the program.
- d. Treatment must be provided in a residential treatment facility (set apart from the general correctional population). Offender supervision and security must be a priority.
- e. Focus treatment programming on substance abuse problems of the inmate.
- f. Develop the inmate's cognitive, behavioral, social, vocational, and other skills to solve the substance abuse and related problems.
- g. Ability to comply with state standards, regulations, and policies concerning correctional facilities, residential treatment facilities in a correctional setting, and drug/alcohol testing of offenders.
- h. Provide for continuation or aftercare services once the offender transitions to the community.

1. **PROBLEM STATEMENT:** Applications must clearly describe the problem this project is addressing. Supporting facts and figures need to be provided to document the problem's existence in your community. Indicate the source of data cited (e.g., agency records, UCR data, needs assessment, program evaluation results). In documenting the problem statement, provide relevant facts about the target population rather than global statements about the problem.

2. **PROJECT GOALS AND OBJECTIVES:** Project goals should be clear, broad statements that highlight what the project intends to achieve. Project objectives should be quantifiable (i.e., a numeric value can be attached) in order to facilitate measurement of the changes or achievements brought about by the project toward each goal. Non-quantifiable objectives should be identified as process objectives and can be measured by a 'yes' or 'no' (i.e. Yes, done as described and on time).

**Each goal must be supported with one or more objectives and each objective must be tied to only one measurement. Most projects identify only a few goals, each with one or more objectives. The goals and objectives should reflect what is to be accomplished within the funding period of the project as a result of the grant.**

The objectives must be related to the Problem Statement (Item 1, above), and to the Project Description (Item 8, next page). Project critical elements are intended to measure impact. Include both baseline data and data collected during the course of the project. Required data elements for this project may include (but are not limited to): offender demographics, assessment scores, treatment needs, treatment programs, treatment progress, drug and alcohol testing (number of tests, substances tested), and termination reasons. Report submission is a condition of receiving federal funding. CTED will provide specific data collection formats for this grant.

*Up to 10 percent of the total grant funds or match funds may be used to provide for aftercare services. A specific plan for use of these funds must be included in the grant application.*

## FFY 2003 Residential Substance Abuse Treatment Program

3. **PROJECT DESCRIPTION:** Applications must include a narrative description of the general approach or strategy selected for attaining each of the objectives stated in Item 6 (previous page). This description should provide a clear understanding of the method used by your project to achieve these objectives.
4. **WORKPLAN AND TIMETABLE:** Applications must contain a work plan for the project year. The work plan may be in chart form and, at a minimum, should:
  - a. Identify the tasks necessary to achieve each of the goals stated in Item 6. Each project objective may have one or more tasks, subtasks, and/or activities.
  - b. Provide a timetable for completion of each task.
  - c. Identify the staff positions or consultants to be assigned to each task.
5. **NON-BUDGETED PROJECT STAFF:** Provide *brief* biographical sketches of key staff or consultants involved that are not included in the budget summary/narrative. Provide an organizational chart summarizing lines of responsibility and authority for the conduct of this project. *If specific staff has not yet been identified, qualifications and background sought for these key positions should be included.*
6. **EFFECTS AND IMPACT:** Describe specifically what the project will demonstrate or achieve. Describe how the project will address the needs and the problems cited in Item 5 (previous page). This should include an indication of those agencies or groups that will benefit, and the level of impact expected.
7. **EVALUATION:** The manner in which you will evaluate your project is important and should be given the same advance planning as the project design itself. The evaluation design should provide detailed information regarding evaluation efforts and results. The evaluation design should not describe more than what could be accomplished. If the evaluation will not be completed within the grant year, state explicitly when it will be completed. Different phases of an evaluation may be completed at different times, but such a plan must be stated clearly.

**THE EVALUATION DESIGN MUST, AT A MINIMUM, ADDRESS THE FOLLOWING AREAS:**

### **Data Collection:**

- (1) The minimum data required to be collected during the course of the grant are contained in CTED'S quarterly and final reporting forms. The amount of data to be collected may vary. It is important to note that your organization will be required to collect certain consistent data as a condition of receiving federal funding. This material will be forwarded to the federal government; and will be used to demonstrate accountability and to provide support for future continuation of the RSAT grant at the federal level.
- (2) In order to report on project goals and objectives, most projects will need to set up a system of data collection specifically related to the problem statement and goals and objectives.
- (3) Applicants are encouraged to collect and analyze data beyond the minimum required for the grant.
- (4) In this section, applicants must identify and describe what data will be collected; from what source the data will come; who will collect the data; how often it will be collected; and how it will be collected (e.g. through an "intake" form). The data described in (2) above [and often (1) above] will then be used to report Project Effectiveness and Efficiency (description immediately following).



## FFY 2003 Residential Substance Abuse Treatment Program

**Project Effectiveness and Project Efficiency:** There are two types of performance or evaluation measures:

- (1) **Efficiency measures:** These are measures that determine how well the project operated. They are sometimes called process measures. They are intended to answer the question: "Did the project do what it said it would do in the time allotted?" An example of an efficiency measure is the cost\benefit ratio.
- (2) **Effectiveness measures:** These are measures that determine the impact of the project on the problem identified in the problem statement. Effectiveness measures are also referred to as outcome measures. They are intended to answer the question: "Did the project make any difference in solving the problem?" Effectiveness measures require some analysis of the data collected. **Applicants are encouraged to provide more sophisticated analysis of the data collected and to go beyond the minimum evaluation described.**

8. **PLANS FOR FUTURE FUNDING:** You must describe your plans and activities to reduce your dependence on federal funds in the future. This grant has not been re-authorized by the United States Congress for funding to the state for the next fiscal year (July 2005 to June 2006). List the steps you have taken or will take to reduce such reliance, or that will sustain the project in the absence of federal funds in the future. You should include whether or not this program will continue with local funding and at what levels.
9. **APPENDICES:** Attach all lists, charts, résumés, inspections, and policies and procedures as indicated in the application kit. If specific items do not apply to your program, indicate 'Not Applicable.' An example: Governmental programs would generally not have a Board of Directors List and would not be able to provide a financial statement.
10. **PROGRAM IMPACTS:** You may provide a description or program brief of plans for future funding, and program impacts for periods beyond this application and contract period (beyond June 2005). Submission at this time is voluntary; however, you will be asked to submit a brief during the Closeout in June 2005, or an update if submitted earlier.

It is anticipated that your submission will be helpful in responding to inquiries from congressional staff, BJA, and state and local entities.

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# FFY 2003 Residential Substance Abuse Treatment Program

## SECTION 2B

### FUNDING SUPPORT

(Your responses to the requested information should be limited to ½ page per topic.)

11. **OTHER PRIVATE OR PUBLIC AGENCIES SUPPORT:** Indicate other private or public, non-federal agencies that have agreed to, or are considering, financial support of this project. Identify and explain the source of funds including the name(s) of those agencies, the exact amount of support, the dates the funds are available, and how the funds will be used.
  
12. **FEDERAL SUPPORT:** Will other federal support be available for any part of this project? If yes, identify and explain when the support will be available, the amount of the support, and how the funds will be used. This should be interpreted broadly and include notice of any related activities supported by other federal programs (HHS, JTPA, HUD, General Revenue Sharing, etc.) which have significant impact on the potential success of this project.
  
13. **FEDERAL SUBMISSIONS:** Have other federal agencies been contacted for assistance on this project? If yes, identify the agency; indicate the status of the project in that federal agency's funding process; and identify how the funds will be used.
  
14. **SOURCE OF MATCHING FUNDS:** New cash match is defined as “non-federal money that would not have otherwise been made available in the absence of the federal funds.” Project income is considered new cash match, as well as general funds allocated for the project by the local or state government. If the source is other than those described, explain how it was determined to be eligible as new cash.

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# FFY 2003 Residential Substance Abuse Treatment Program

## SECTION 2C

### BUDGET SUMMARY (Instructions on Pages 9 - 11)

<b>1A. PERSONNEL</b> (List funded positions by category):	(1) Annual Full time Salary	(2) Annual Fringe Benefit Cost	(3) Sub-Total	(4) % of time for RSAT Project	TOTAL
Administrative Management	+		=	X %	\$
Service Delivery Personnel	+		=	X %	\$
Chemical Dependency Professionals	+		=	X %	\$
Transitional Program Staff	+		=	X %	\$
Educators	+		=	X %	\$
Others (Include Corrections Staff)	+		=	X %	\$
<b>TOTAL PERSONNEL COSTS: \$ .00</b>					
RSAT Grant Request: \$		Cash Match Portion: \$		<b>TOTAL: \$</b>	

<b>1B. GOODS AND SERVICES</b>	TOTAL
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL GOODS AND SERVICES COSTS: \$ .00</b>	
RSAT Grant request: \$	
Cash Match Portion: \$	
<b>TOTAL: \$</b>	

<b>1C. CONTRACTED SERVICES</b>	TOTAL
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL CONTRACTED SERVICES COST \$ .00</b>	
RSAT Grant Request: \$	
Cash Match Portion: \$	
<b>TOTAL: \$</b>	

Notes:

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# FFY 2003 Residential Substance Abuse Treatment Program

## SECTION 2C

(Continued)

### BUDGET SUMMARY

(Instructions on Pages 9 - 11)

1D. EQUIPMENT	(1)Item Cost	(2) Additional Costs	(3) Sub-Total	(4) RSAT Project Cost	TOTAL
	+		=	X %	\$
	+		=	X %	\$
	+		=	X %	\$
	+		=	X %	\$
	+		=	X %	\$
	+		=	X %	\$
<b>TOTAL EQUIPMENT COST: \$ .00</b>					
RSAT Grant Request: \$		Cash Match Portion: \$		<b>TOTAL: \$</b>	

1E. TRAVEL	TOTAL
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL TRAVEL COSTS: \$ .00</b>	
RSAT Federal Portion: \$	Cash Match Portion: \$ <b>TOTAL: \$</b>

1F. TOTAL OF ALL PROJECT COSTS (A through E)	TOTAL
	\$
RSAT Federal Portion: \$	Cash Match Portion: \$ <b>TOTAL: \$</b>

**2. BUDGET NARRATIVE:** Refer to instructions and insert text for this item following this page.

## FFY 2003 Residential Substance Abuse Treatment Program

### SECTION 2C

#### INSTRUCTIONS – BUDGET SUMMARY and BUDGET NARRATIVE

The budget summary, Form B-1, must be completed entirely and be accompanied by a separate budget narrative (Item #2), which provides justification for the budget items and details the basis for determining the cost of each item. Make additional copies as needed.

- The budget must cover the entire project duration as listed in Item #3 (Form A-1).
- Work with **WHOLE DOLLAR AMOUNTS ONLY**. When necessary, round to the next highest whole dollar.
- Enter the **TOTAL** of each budget category in the black-outlined box under the Total column, then if match is being provided in that category, specify the portion which will be federal funds (RSAT funds) and the portion which will be cash match, in the boxes to the left. **DO YOUR NUMBERS ADD UP?**
- It is not required that there be match in every budget category. Total cash match must equal (or exceed) 25% of the total project budget. **Please remember that if a cost is not allowable with federal funds, it is not allowable with match funds for that grant.**
- The budget must only include the federal RSAT funds being requested and the non-federal cash match funds being committed to this project. Additional federal and non-cash match funds should be included in Sections 5 and 6 (Form B-2).
- The budget is broken into five Budget Categories: A. Personnel, B. Goods and Services, C. Contracted Services, D. Equipment, and E. Travel.

- 1A. PERSONNEL:** List each position by title and name of employee, if available. If two individuals have the same title, list it twice. Questions regarding the difference between a contract employee and a regular employee may be directed to the Internal Revenue Service.

Show the annual, full-time salary or base pay for the position in column (1) and the dollar amount of fringe benefits for that salary in column (2). In column (3) enter the subtotal of the base salary and fringe benefits for this full-time position. In column (4) enter the percentage of time to be devoted to the project by the listed position or employee. Then multiply column (3) by column (4) and enter the result in the Total column.

Budgets should take into account scheduled pay increases, time needed to acquire new staff, and changing demands for personnel during the course of the project.

- 1B. GOODS AND SERVICES:** List expendable or non-durable items within this category by major type (e.g., office supplies, software [regardless of cost], training materials, research forms, telephone, tuition, postage, etc.), and show the basis for computation: "X" dollars per month for office supplies, "Y" dollars per person for training tuition, telephone-base charge plus long distance at "Z" dollars per month.

- Out-of-state training costs must be justified in terms of availability of comparable training in state.
- Large items should be listed and identified (e.g., unusual supply items, software, special printing, etc.).

## FFY 2003 Residential Substance Abuse Treatment Program

- 1C. **CONTRACTED SERVICES:** List each consultant or contractor with type of service and proposed fee (by eight-hour day or hourly rate).

Rates (stipends are not an allowable expense) for individual professional services must be based on an hourly rate (including preparation and travel time, services/consultant rates). Contact CTED/SDFC for details if you have questions.

- 1D. **EQUIPMENT:** List separately—by unit cost—each item to be purchased. This category should include all items with a unit cost of \$1,000 or more and having a useful life of more than one year. Items not meeting this criterion should be included in the “Goods and Services” category.

- 1E. **TRAVEL:** Itemize travel expenses of project personnel by purpose (e.g., to attend training sessions, to transport clients, etc.) and show basis for computation. Show airfare, ground transportation, automobile, lodging, and meals individually. Indicate if the travel is in-state or out-of-state.

- Out-of-state travel must be justified.
- Where a jurisdiction has an established travel policy, those rates may be used. Otherwise, state travel rates are the maximum allowed. State travel allowable rates are the following:
  - 1) Mileage: \$0.375 per mile for use of personal vehicle.
  - 2) Lodging: In-state is established by Washington State’s Office of Financial Management’s (OFM) per diem rates for the area. Out-of-state costs should be the established federal government per diem rates. Exceptions to the following rates must be pre-approved and are available from the Department of Community, Trade and Economic Development (CTED) for higher cost metropolitan areas.
  - 3) Meals: Reimbursed at per diem rate for the area as established by OFM.

NOTE: *Tuition and registration fees (even if they include lodging and/or subsistence), and vehicle gas and maintenance on project- or government-owned vehicles are operating expenses not travel. These types of costs should be shown in the Supplies and Operating category*

- 1F. **TOTAL OF ALL PROJECT COSTS (A through E):** This is the sum of the "Total" columns, A through E.

Verify that the total federal and match portions sum the breakouts in the categories above. Calculate the percentages of the Total federal and match portions. Some minor adjusting of figures may be necessary due to rounding. Please make sure your numbers add up correctly.

2. **BUDGET NARRATIVE—TEXT:** The applicant must provide a justification and explanation of the budget items listed in Item 1, Budget Summary Form B-1. The budget narrative must use the same category subheadings (e.g., 1A. Personnel, 1B. Goods and Services, etc.), and explain the basis for pro-rating where applicable. **Page Limit: Five (5).**

The budget narrative must describe the criteria used to compute budget figures. All budget figures should be justified and clearly explained for easy comprehension. The budget narrative should show the relationship between budget figures and proposed project operations. For example, if this is a training project, explanation of the professional services budget category amount should include an explanation of the need for consultants to provide the training and the hourly cost of the services to be provided.



## FFY 2003 Residential Substance Abuse Treatment Program

The following is specific information required for each budget category:

- 1A. **PERSONNEL**: Explain how the salary and fringe benefit rates for each position were determined. An explanation and justification is required if the budget is not for an entry-level position(s). Provide documentation to show that the proposed salary is one that is paid for equivalent positions and employee qualifications in your area. Include the qualifications required for each position and a specific job description as an appendix at the end of the application. If salaries are expected to increase during the project year, indicate percentage increases for each position, the months covered by the increases, and justification for each. Be sure that scheduled salary increases are included on the Budget Summary, Form B-1, Item 1.  
**NOTE: Contracted employees or independent contractors should be shown under Contracted Services, not Personnel.**
- 1B. **GOODS AND SERVICES**: Explain how the costs were determined and justify the need for the various line items. Items with a unit cost of less than \$1,000 are considered supplies and should be listed in this category. Items costing \$1,000 or more should be listed under Equipment (see D below). If software is being purchased, regardless of the price, it belongs in the Goods and Services category. If custom development of software is contracted out, it is subject to prior approval by CTED and should be shown as a contract in 1C, below. All purchases should be made through competitive bid, state or local award, or established purchasing procedures.
- 1C. **CONTRACTED SERVICES (Contracts)**: Explain why proposed consultant services cannot or should not be provided by project staff. Explain how the hourly rate or flat rate was determined. For each consulting organization, indicate the number of people to be assigned to the project, the number of hours per person per day to be spent on the project, and a breakdown of the contract price by major cost item. Professional services should be procured competitively. **Sole source contracts must be justified** and are always subject to prior written approval from CTED, separate from approval to fund the project. Consultants must be able to sign the Certification of Debarment, OJP Form 4061/1 (see Section 2C, Item 2, Paragraph 2 on Page 16 of this application for details).
- 1D. **EQUIPMENT**: Equipment is defined as items that have a unit cost of \$1,000 or more (except software) and a useful life of over one year. Explain why the proposed equipment is essential to conducting the project and is not currently available for use of the project within your agency or organization. CTED must provide prior written approval for the actual purchase of all equipment, separate from approval to fund the project. All equipment must be purchased through competitive bid, state or local award, or established purchasing procedures.
- 1E. **TRAVEL**: Explain the relationship of each cost item to the project (e.g., if training or conference travel expenses are requested, explain the topic of the conference and its relationship to the project). Out-of-state travel is discouraged and needs to be thoroughly justified. It is prudent to include in the budget the costs associated with sending project staff to a designated meeting/training area for administrative meetings or trainings with CTED or state-sponsored, program-related trainings.

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## STATEMENT OF ASSURANCES

### The Applicant:

1. Has sufficient fiscal and management controls to implement and maintain the Residential Substance Abuse Treatment Program in accordance with this application and BJA requirements. Has sufficient monetary resources to implement and maintain the Residential Substance Abuse Treatment Program operations in accordance with this application.
2. Will not use any grant funds to supplant local funds, but will use such grant funds to increase the amounts of funds that would, in the absence of federal funds, be made available for Residential Substance Abuse Treatment Program activities. Will provide matching funds required to pay the non-federal portion of the Residential Substance Abuse Treatment Program expenses, for which federal grant funds are made available, which shall be in addition to funds that would otherwise be made available for Residential Substance Abuse Treatment Program activities.
3. Will request reimbursement for indirect charges on an on-going basis, if forecast on form B1 of this application.
4. Will provide full cooperation of administrative and program staff, and availability of all records upon request and convenience of staff from the Department of Community, Trade and Economic Development, Office of the State Auditor, or U.S. Department of Justice, who are charged with monitoring program compliance and the use of funds provided.
5. Will comply with the requirements of the Drug Control and System Improvement Formula Grant Program as published by the Department of Community, Trade and Economic Development and relevant federal agencies, and as embodied in statute.
6. Will comply with Title V of the Anti-Drug Abuse Act of 1988 and regulations promulgated by the federal government to maintain a drug-free workplace.
7. Will not undertake any prohibited political activities with these funds including, but not limited to, voter registration, partisan political activity, lobbying congress, the legislature, or any federal or state agency for project of jurisdictionally specific activity, or campaign for any ballot measure. Will comply with the provisions of Title 28, Code of Federal Regulations; Part 61, Procedures for Implementing the National Environmental Policy Act; and Part 63, Floodplain Management and Wetland Protection Procedures.
8. Guarantees that in performing any contract, purchase or other agreement, the organization shall not discriminate against any employee or applicant for employment because of race, color, religion, age, sex, marital status, national origin, political affiliation or the presence of any sensory, mental, or physical disability. The organization agrees to take affirmative action to ensure that applicants are employed and that employees are treated during employment without discrimination because of their race, color, religion, age, sex, political affiliation, handicap, or national origin. Such action shall include, but not be limited to, employment upgrading, demotion or transfer, recruitment and recruitment advertising, layoff or termination, rates of pay or other forms of compensation and training. This guarantee shall implement federal, state, and any local equal opportunity and non-discrimination statutes. The applicant further will, without delay, bring any finding of an equal opportunity or non-discrimination violation to the attention of the Department of Community, Trade and Economic Development.
9. Will maintain accurate records of drug abuse treatment activities related to the Drug Control and System Improvement Formula Grant Program.

PLEASE NOTE: THE DEPARTMENT'S ACCEPTANCE OF THIS APPLICATION FOR FUNDING IS SUBJECT TO SUBSEQUENT COMPLIANCE REVIEWS THAT MAY REQUIRE CORRECTIVE ACTION BY THE APPLICANT. AUTHORIZED SIGNATURE BY THE APPLICANT GUARANTEES ASSURANCES THAT ARE CONTAINED ON THE APPLICATION FACE SHEET.

10. Authorized Signature for the Applicant:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF SIGNATOR

\_\_\_\_\_  
TITLE

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**U.S. DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS  
OFFICE OF THE COMPTROLLER**

**CERTIFICATION REGARDING  
DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION  
LOWER TIER COVERED TRANSACTIONS  
(SUB-RECIPIENT)**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 28 CFR Part 67, Section 67.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (Pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

\_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Address of Organization

\_\_\_\_\_

## INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the Non-procurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under Paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**U.S. DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS  
OFFICE OF THE COMPTROLLER**

**CERTIFICATION REGARDING LOBBYING, DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY  
MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered transaction, grant, or cooperative agreement.

**1. Lobbying**

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(B) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application

**2. Debarment, Suspension, and Other Responsibility Matters (Direct Recipient)**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510 –

- A. The applicant certifies that it and its principals:
- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

**3. Drug-Free Workplace (Grantees Other Than Individuals)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67, Sections 67.615 and 67.620—

- A. The applicant certifies that it will or will continue to provide a drug-free workplace by:
- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - (b) Establishing an on-going drug-free awareness program to inform employees about—
    - (1) The dangers of drug abuse in the workplace;

- (2) The grantee's policy of maintaining a drug-free workplace.
- (3) Any available drug counseling, rehabilitation, and employee assistance program; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will –
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency, in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue, N.W., Washington, D.C. 20531. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted—
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of performance (street address, city, county, state, zip code):

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Check ☐ if there are workplaces on file that are not identified here.

Section 67, 630 of the regulations provides that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for Department of Justice funding. States and State agencies may elect to use OJP Form 4061/7.

Check ☐ if the State has elected to complete OJP Form 4061/7.

#### **Drug-Free Workplace (Grantees Who Are Individuals)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67; Sections 67.615 and 67.620—

- A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and
- B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within ten calendar days of the conviction, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue, N.W., Washington, D.C. 20531

**As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.**

1. Grantee Name and Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Application Number and/or Project Name  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Grantee IRS/Vendor Number  
 91-6001127

4. Typed Name and Title of Authorized Representative: \_\_\_\_\_

5. Signature  
 \_\_\_\_\_

6. Date  
 \_\_\_\_\_



## National Environmental Policy Act (NEPA)

The following information is required from each RSAT Grant recipient. CTED will consolidate all the responses of all funded projects and submit it to the U.S. Department of Justice.

Please check one of the boxes to the left of each item below to indicate whether or not the activity described is being undertaken to support or facilitate the Byrne funded activity by the grant recipient or any other party.

(Note<sup>1</sup> – the source of funds utilized is irrelevant to your response.)

(Note<sup>2</sup> – if the activity is being undertaken without regard to the presence or operation of a Byrne funded activity, the item should not be checked.)

Yes Activity	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	1. New Construction
<input type="checkbox"/>	<input type="checkbox"/>	2. Minor renovation or remodeling of a property either:
<input type="checkbox"/>	<input type="checkbox"/>	a. listed or eligible for listing on the National Register of Historical Places
<input type="checkbox"/>	<input type="checkbox"/>	b. located within a 100-year flood plain
<input type="checkbox"/>	<input type="checkbox"/>	3. Renovation, lease, or any proposed use of a building or facility that will either:
<input type="checkbox"/>	<input type="checkbox"/>	a. result in a change in its basic prior use (between industrial, office, residential, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	b. significantly change its size (total structure, not program's portion)
<input type="checkbox"/>	<input type="checkbox"/>	4. Implementation of a new program involving the use of chemicals other than:
<input type="checkbox"/>	<input type="checkbox"/>	a. chemicals purchased as an incidental component of the funded activity
<input type="checkbox"/>	<input type="checkbox"/>	b. traditionally used (e.g. for office, household, recreational, educational environments)

If any item above is checked, a clarification of the activity may be requested.

Response is made related to the following Byrne funded program/project:

Program: \_\_\_\_\_

Project: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Representing \_\_\_\_\_

Jurisdiction/Agency

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## **CONTACTS**

(Complete and attach to the Application)

### **AUTHORIZED OFFICIAL**

<b>Name</b>	
<b>Position</b>	
<b>Agency</b>	
<b>Mailing Address</b>	
<b>City, State, Zip</b>	
<b>Telephone #</b>	
<b>Fax #</b>	
<b>E-mail Address</b>	

### **FINANCIAL OFFICER**

<b>Name</b>	
<b>Position</b>	
<b>Agency</b>	
<b>Mailing Address</b>	
<b>City, State, Zip</b>	
<b>Telephone #</b>	
<b>Fax #</b>	
<b>E-mail Address</b>	

### **PROJECT DIRECTOR**

<b>Name</b>	
<b>Position</b>	
<b>Agency</b>	
<b>Mailing Address</b>	
<b>City, State, Zip</b>	
<b>Telephone #</b>	
<b>Fax #</b>	
<b>E-mail Address</b>	

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### SIGNATURE AUTHORIZATION

(See reverse for instructions.)

**All signatures MUST be original. Stamped signatures will not be accepted.**

1. NAME OF ORGANIZATION		DATE SUBMITTED
2. NAME OF PROJECT		CONTRACT NUMBER
3. AUTHORIZED TO SIGN APPLICATIONS/REVISED APPLICATIONS		
SIGNATURE	PRINT OR TYPE NAME	TITLE
4. AUTHORIZED TO SIGN CONTRACTS/CONTRACT MODIFICATIONS		
SIGNATURE	PRINT OR TYPE NAME	TITLE
5. AUTHORIZED TO SIGN VOUCHERS		
SIGNATURE	PRINT OR TYPE NAME	TITLE
6. AUTHORIZING AUTHORITY		
SIGNATURE	PRINT OR TYPE NAME	TITLE

DEPARTMENT OF COMMUNITY, TRADE AND ECONOMIC DEVELOPMENT  
Post Office Box 42525  
906 Columbia Street SW  
Olympia, Washington 98504-2525

**SIGNATURE AUTHORIZATION  
INSTRUCTIONS**

**All Signatures MUST be original. Stamped signatures will not be accepted.**

1. Enter the name of the organization functioning as contractor and the date you are completing this form.
2. Enter the name of the program (i.e.: Residential Substance Abuse treatment Program).
3. Enter the name of the person or persons who are authorized to sign applications and requests for revised applications (amendments).

EXAMPLE:

3. AUTHORIZED TO SIGN APPLICATIONS/REVISED APPLICATIONS		
SIGNATURE	PRINT OR TYPE NAME	TITLE
<i>John Goforth</i>	John Goforth	Program Developer

4. Enter the name of the person or persons who are authorized to sign contracts and contract modifications (amendments).
5. Enter the name of the person or persons who are authorized to sign vouchers. It is advisable to designate more than one person who can function in this capacity.
6. Enter the name of the person or persons who have the authority to authorize contract(s) and agreements such as, county commissioner, executive director, or program director. This should be the same person as identified in the "Authorized to Sign Contracts" section.

**EQUAL EMPLOYMENT OPPORTUNITY PLAN (EEOP) CERTIFICATION**

Recipient Name and Address: \_\_\_\_\_

Grant Title: FFY 2003 RSAT Formula Grant

Grant Number: 2003-RT-BX-0049

Subaward No.: F03-67703

Award Amount: \_\_\_\_\_ Contact Person Name/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Federal regulations require recipients of financial assistance from the Office of Justice Programs (OJP), its component agencies, and the Office of Community Oriented Policing Services (COPS) to prepare, maintain on file, submit to OJP for review, and implement an Equal Employment Opportunity Plan (EEOP) in accordance with 28 CFR Sections 42.301-.308. The regulations exempt some recipients from all of the EEOP requirements. Other recipients, according to the regulations, must prepare, maintain on file and implement an EEOP, but they do not need to submit the EEOP to OJP for review. Recipients that claim a complete exemption from the EEOP requirement must complete Section A below. Recipients that claim the limited exemption from the submission requirement must complete Section B below. A recipient should complete either Section A or Section B, not both. If a recipient receives multiple OJP or COPS grants, please complete a form for each grant, ensuring that any EEOP recipient certifies as completed and on file (if applicable) has been prepared within two years of the latest grant. Please send the completed form(s) to: Department of Community, Trade & Economic Development, Attn: Safe & Drug-Free Communities Unit – Bill Johnston, Post Office Box 42525, Olympia, WA 98504-2525.

**Section A – Declaration of Claiming Complete Exemption from the EEOP Requirement.** Please *check all boxes that apply*.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Recipient has less than 50 employees    | <input type="checkbox"/> Recipient is an Indian Tribe       | <input type="checkbox"/> Recipient is a non-profit organization  |
| <input type="checkbox"/> Recipient is an educational institution | <input type="checkbox"/> Recipient is a medical institution | <input type="checkbox"/> Recipient's award is less than \$25,000 |

I, \_\_\_\_\_ [responsible official], certify that \_\_\_\_\_

[recipient] is not required to prepare an EEOP for the reason(s) checked above, pursuant to 28 CFR Sections 42.302. I further certify that \_\_\_\_\_ [recipient] will comply with the applicable Federal civil rights laws that prohibit discrimination in employment and in the delivery of services.

\_\_\_\_\_  
Print or type Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Section B – Declaration Claiming Exemption from the EEOP Submission Requirement and Certifying that an EEOP Is on File for Review.**

If a recipient agency has 50 or more employees and is receiving a single award or subaward for \$25,000 or more, but less than \$500,000, then the recipient agency does not have to submit an EEOP for review as long as it certifies the following (42 CFR Section 42.305):

I, \_\_\_\_\_ [responsible official], certify that \_\_\_\_\_

[recipient], which has 50 or more employees and is receiving a single award or subaward for \$25,000 or more, but less than \$500,000, has formulated an EEOP in accordance with 28 CFR Section 42.301, *et. Seq.*, subpart E. I further certify that the EEOP has been formulated and signed into effect within the past two years by the proper authority and that it is available for review. The EEOP is on file in the office of \_\_\_\_\_ [organization], at \_\_\_\_\_ [address], for review by the public and employees or for review or audit by officials of the relevant state planning agency or the Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice, as required by relevant laws and regulations.

\_\_\_\_\_  
Print or type Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## EQUAL EMPLOYMENT OPPORTUNITY PLAN (EEOP) CERTIFICATION

### INSTRUCTIONS

**Applicability:** This form is to be completed by all recipients and sub-recipients receiving less than \$500,000. If receiving \$500,000 direct recipients are to submit a complete EEOP plan to the department.

**Disposition:** The direct recipient should keep a copy of the forms for all sub-recipients, and forward the one copy of this form for all applicable recipients to the Department for consolidated submission to the Office of Justice Programs.

#### General Information:

1. Directly below the form's title, following 'Recipients Name and Address' enter the organization's name and primary mailing address; do not enter a tribal agency or department.
2. Leave blank the lines following 'Subaward No.:' and the 'Award Amount.' The Department of Community, Trade and Economic Development will make these entries if the applicant is selected for funding.
3. Following 'Contact Person Name/Title:' enter the name of the tribal official responsible for civil rights compliance or personnel actions.
4. Following 'Phone Number:' enter the phone number at which the Contact Person may be contacted.

**Section A:** Determine if your agency meets one or more of the six criteria. If not skip to Section B.

**\* Common Error – “Recipient has less than 50 Employees” means the entire jurisdiction/agency \* \***

Any official authorized to sign on behalf of the organization may complete this section, although completion by the Contact Person listed at the top of the form or Personnel Officer is preferred.

5. Preceding '[responsible official],' type the name of the official executing the form.
6. Preceding '[recipient],' type the name of the jurisdiction—not just an agency or department of the jurisdiction.
7. Type or Print the name and title of the official executing the certificate.
8. Sign and date the form.

**Section B:** Complete this section only if your agency does not meet any of the six criteria for Section A.

Any official authorized to sign on behalf of the organization may complete this section, although completion by the Contact Person listed at the top of the form or Personnel Officer is preferred.

9. Preceding '[responsible official],' type the name of the official executing the form.
10. Preceding '[recipient],' type the name of the jurisdiction – not just an agency or department of the jurisdiction.
11. Type or Print the name and title of the official executing the certificate.
12. Sign and date the form.



## CIVIL RIGHTS REQUIREMENTS

The following civil rights requirements apply to all units of local government and state agencies regardless of grant acceptance, and both for profit and non-profit organizations accepting federal grant funds. Beneath each requirement are one or more references that are provided to assist in understanding and compliance. It should be noted that the compliance requirements apply to the entire jurisdiction/organization, and not just to the funded activities.

**1. Omnibus Crime Control and Safe Streets Act of 1968 (42 USC § 3789d)**

Reference: <http://www.usdoj.gov/crt/split/42usc3789d.htm>

**2. Victims of Crime Act reference:**

Reference: <http://www.usdoj.gov/crt/split/42usc3789d.htm>

**3. Title IV of the Civil Rights Act of 1964**

Reference: <http://www.usdoj.gov/crt/cor/coord/titlevi.htm>

**4. Section 504 of the Rehabilitation Act of 1973**

Reference: [http://www.advocacyinc.org/AC2\\_print.htm](http://www.advocacyinc.org/AC2_print.htm)

**5. Title II of the Americans with Disabilities Act of 1990**

References:

- Text – The Americans with Disabilities Act  
<http://www.usdoj.gov/crt/ada/pubs/ada.txt>
- Title II Highlights  
<http://www.usdoj.gov/crt/ada/t2hlt95.htm>
- The Americans with Disabilities Act, Title II Technical Assistance Manual  
<http://www.usdoj.gov/crt/ada/taman2>.
- Commonly Asked Questions – ADA and Law Enforcement  
[http://www.usdoj.gov/crt/ada/q%26a\\_law.htm](http://www.usdoj.gov/crt/ada/q%26a_law.htm)
- Commonly Asked Questions – ADA and Hiring Police Officers  
<http://www.usdoj.gov/crt/ada/copsq7a.htm>
- Self Evaluation and Transition Plan Worksheets  
<http://adaptenv.org/index.php?option=Resource&articleid=185&topicid=25>

**6. Title IX of the Education Amendments of 1972**

Reference: <http://www.usdoj.gov/crt/cor/coord/titleix.htm>

**7. Age Discrimination Act of 1975**

Reference: <http://www4.law.cornell.edu/uscode/42/6102.html>

**8. USDOJ Non-Discrimination Regulations (28 CFR 42, Subparts C, D, E and G)**

Reference: [http://www.access.gpo.gov/nara/cfr/waisidx\\_00/28cfr42\\_00.html](http://www.access.gpo.gov/nara/cfr/waisidx_00/28cfr42_00.html)

**9. USDOJ Regulations on Disability Discrimination (28 CFR Part 35 & Part 39)**

References:

- Text – 28 CFR 28 Part 35  
[http://www.access.gpo.gov/nara/cfr/waisidx\\_00/28cfr35\\_00.html](http://www.access.gpo.gov/nara/cfr/waisidx_00/28cfr35_00.html)
- Text – 28 CFR 28 Part 39  
[http://www.access.gpo.gov/nara/cfr/waisidx\\_00/28cfr39\\_00.htm](http://www.access.gpo.gov/nara/cfr/waisidx_00/28cfr39_00.htm)

## INFORMATION AND ASISTANCE

The agencies and organizations listed below can provide technical advice and assistance.

### **U.S. Department of Justice**

#### **Office of Civil Rights**

Coordination and Review Section

810 – 7<sup>th</sup> Street NW

Washington, D.C. 20531

Voice: (202) 307-0690

TDD/TTY: (202) 307-2027

[www.ojp.usdoj.gov/ocr](http://www.ojp.usdoj.gov/ocr)

### **Washington Human Rights Commission**

711 S Capital Way, Suite 402

PO Box 42490

Olympia, WA 98504-2490

Voice/TDD: (360) 753-6770

Voice: 1-800-233-3247

TTY: 1-800-300-7525

[www.hum.wa.gov](http://www.hum.wa.gov)

### **Job Accommodation Network (JAN)**

1-800-ADA-WORK (Voice/TDD)

[jan@jan.wvu.edu](mailto:jan@jan.wvu.edu)

### **U. S. Architectural and Transportation**

Barriers Compliance Board

1-800-USA-ABLE (Voice/TDD)

### **Office for Civil Rights**

#### **Department of Health and Human Services**

[www.os.dhhs.gov/ocr](http://www.os.dhhs.gov/ocr)

### **Equal Employment Opportunity Commission (U. S. Government)**

State of Washington Area Office

909 – 1<sup>st</sup> Avenue, Suite 400

Seattle, WA 98104

Voice/TDD: (206) 220-6882

1-800-669-4000

### **Department of Personnel**

#### **Workforce Diversity Office**

PO Box 47500

Olympia, WA 98504-7500

Voice: (360) 664-6228

TTY/TDD: (360) 753-4107

### **Department of Labor and Industries**

#### **Vocational Services**

PO Box 44323

Olympia, WA 98504-4323

Voice: (360) 902-5456/5447

### **Washington Division of Vocational Rehabilitation**

#### **Department of Social and Health Services**

(38 field offices statewide)

Provides employment services to persons with disabilities and businesses

Voice/TDD: 1-800-637-5627

### **Washington Governor's Committee on Disability**

Issues and Employment

PO Box 9046

Olympia, WA 98507-9046

Executive Secretary, Toby Olson

Voice: (360) 438-3168

TTY: (360) 438-3167

**As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above Civil Rights requirements specified on the previous page of this certification.**

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SIGNATURE OF WAIVING OFFICIAL

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TITLE OF OFFICIAL COMPLETING THE WAIVER

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JURISDICTION/ORGANIZATION REPRESENTED

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DATE